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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Continued* \*\*\*\*\*

This appln claims benefit of 60/421,558 10/28/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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## TITLE

Ostomy device kit

FILING FEE  RECEIVED 770	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____